

National Institute on Aging (NIA)
Intramural Research Program (IRP)

School Verification Form

Student Name: _____

Social Security Number: _____ - _____ - _____

Name of School/University: _____

I certify that the above named student is currently enrolled in a:

- ☐ High School
- ☐ Undergraduate Degree Program
- ☐ Master's Degree Program
- ☐ Doctoral Degree Program
- ☐ Medical Degree Program
- ☐ Dual Degree M.D./Ph.D. Program

I certify that the above named student is in good academic standing and is:

- ☐ currently enrolled full-time
- ☐ currently enrolled half-time _____
(Semester Hours)

Date: _____

Name: _____
Signature & Title of Registrar Official

Telephone Number: (_____) _____ - _____

MUST HAVE A SCHOOL SEAL TO BE VALID

***** Visit Your University Registrar's Office to Complete This Form *****